Image# 202205269514397775 PAGE 1 / 1

FEC FORM 2

STATEMENT OF CANDIDACY

	(a) Name of Candidate (in full) SHAFFER, JEREMY, , ,					
	(b) Address (number and street) PO BOX 391	☐ Check if address changed		d	Candidate's FEC Identification Number H2PA17160	
	(c) City, State, and ZIP Code GIBSONIA		PA 150)44	3. Is This Statement (N) OR (A)	
4.	Party Affiliation	5. Office Sought		6. State & Distr	ict of Candidate	
	REPUBLICAN PARTY	House		PA	17	
	DE	ESIGNATION OF P	RINCIPA	L CAMPAIGN	COMMITTEE	
7.	hereby designate the following named political committee as my Principal Campaign Committee for the 2022 (year of election)					
	NOTE: This designation should be	iled with the appropriate	office listed in	the instructions.		
	(a) Name of Committee (in full) FRIENDS OF JERE	MY SHAFFER				
	(b) Address (number and street) PO BOX 391					
	(c) City, State, and ZIP Code					
	GIBSONIA			PA	15044	
8.	candidacy. NOTE: This designation should be	ned committee, which is N	NOT my princ		es) mittee, to receive and expend funds on behalf of my	
	(a) Name of Committee (in full) SHAFFER FOR PA					
	SHALLER FOR LA	-17 REPUBLICA	MON NA	INEE FUND	2022	
	(b) Address (number and street) PO BOX 9891	-17 REPUBLIC/ 	MON NA	INEE FUND	2022	
	(b) Address (number and street)	-17 REPUBLIC/	MON NA	INEE FUND	2022	
	(b) Address (number and street) PO BOX 9891	-17 REPUBLIC/	MON NA	VA	22219	
	(b) Address (number and street) PO BOX 9891 (c) City, State, and ZIP Code ARLINGTON			VA		
Si	(b) Address (number and street) PO BOX 9891 (c) City, State, and ZIP Code ARLINGTON			VA	22219	
	(b) Address (number and street) PO BOX 9891 (c) City, State, and ZIP Code ARLINGTON I certify that I have example of the state of the		d to the best o	VA	22219 and belief it is true, correct and complete.	
SF	(b) Address (number and street) PO BOX 9891 (c) City, State, and ZIP Code ARLINGTON I certify that I have example of Candidate HAFFER, JEREMY, , ,	amined this Statement and	d to the best o	VA of my knowledge an	22219 and belief it is true, correct and complete. Date	

FEC FORM 2 (REV. 02/2009)